

RENNES HEALTH CENTER - WEST

501 NORTH LAKE STREET, P.O. BOX 147

PESHTIGO 54157 Phone: (715) 582-3906

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 120

Total Licensed Bed Capacity (12/31/02): 135

Number of Residents on 12/31/02: 116

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

115

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		32.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		35.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6		More Than 4 Years		31.9
Day Services	Yes	Mental Illness (Org./Psy)	15.5	65 - 74	7.8				-----
Respite Care	Yes	Mental Illness (Other)	2.6	75 - 84	28.4				100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0		*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.2		Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.6		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.7		100.0		(12/31/02)		
Other Meals	No	Cardiovascular	17.2	65 & Over	97.4		-----		
Transportation	No	Cerebrovascular	12.1		-----		RNs		8.2
Referral Service	No	Diabetes	3.4	Sex	%		LPNs		8.1
Other Services	No	Respiratory	9.5	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	35.3	Male	22.4		Aides, & Orderlies		36.0
Mentally Ill	No		-----	Female	77.6				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

			Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	267	90	95.7	111	0	0.0	0	16	100.0	144	0	0.0	0	0	0.0	0	112	96.6
Intermediate	---	---	---	4	4.3	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		94	100.0		0	0.0		16	100.0		0	0.0		0	0.0		116	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing				Total	
				Assistance of		% Totally		Number of	
Private Home/No Home Health	12.9	Daily Living (ADL)	% Independent	One Or Two Staff		Dependent		Residents	
Private Home/With Home Health	2.1	Bathing	0.9	84.5		14.7		116	
Other Nursing Homes	2.1	Dressing	4.3	85.3		10.3		116	
Acute Care Hospitals	76.4	Transferring	24.1	66.4		9.5		116	
Psych. Hosp.-MR/DD Facilities	0.7	Toilet Use	22.4	59.5		18.1		116	
Rehabilitation Hospitals	5.0	Eating	63.8	28.4		7.8		116	
Other Locations	0.7	*****							
Total Number of Admissions	140	Continence		%	Special Treatments				
Percent Discharges To:		Indwelling Or External Catheter		8.6	Receiving Respiratory Care		12.1		
Private Home/No Home Health	30.2	Occ/Freq. Incontinent of Bladder		51.7	Receiving Tracheostomy Care		0.0		
Private Home/With Home Health	15.1	Occ/Freq. Incontinent of Bowel		27.6	Receiving Suctioning		0.0		
Other Nursing Homes	2.9				Receiving Ostomy Care		5.2		
Acute Care Hospitals	11.5	Mobility			Receiving Tube Feeding		3.4		
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		4.3	Receiving Mechanically Altered Diets		36.2		
Rehabilitation Hospitals	0.7								
Other Locations	3.6	Skin Care			Other Resident Characteristics				
Deaths	36.0	With Pressure Sores		8.6	Have Advance Directives		81.9		
Total Number of Discharges		With Rashes		2.6	Medications				
(Including Deaths)	139				Receiving Psychoactive Drugs		54.3		

 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.7	85.1	0.97	85.5	0.97	86.7	0.95	85.1	0.97
Current Residents from In-County	69.0	75.4	0.92	78.5	0.88	69.3	0.99	76.6	0.90
Admissions from In-County, Still Residing	19.3	20.1	0.96	24.7	0.78	22.5	0.86	20.3	0.95
Admissions/Average Daily Census	121.7	138.3	0.88	114.6	1.06	102.9	1.18	133.4	0.91
Discharges/Average Daily Census	120.9	139.7	0.87	114.9	1.05	105.2	1.15	135.3	0.89
Discharges To Private Residence/Average Daily Census	54.8	57.6	0.95	47.9	1.14	40.9	1.34	56.6	0.97
Residents Receiving Skilled Care	96.6	94.3	1.02	94.9	1.02	91.6	1.05	86.3	1.12
Residents Aged 65 and Older	97.4	95.0	1.03	94.1	1.04	93.6	1.04	87.7	1.11
Title 19 (Medicaid) Funded Residents	81.0	64.9	1.25	66.1	1.23	69.0	1.17	67.5	1.20
Private Pay Funded Residents	13.8	20.4	0.68	21.5	0.64	21.2	0.65	21.0	0.66
Developmentally Disabled Residents	0.0	0.8	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	18.1	30.3	0.60	36.8	0.49	37.8	0.48	33.3	0.54
General Medical Service Residents	35.3	23.6	1.50	22.8	1.55	22.3	1.58	20.5	1.72
Impaired ADL (Mean)	44.8	48.6	0.92	49.1	0.91	47.5	0.94	49.3	0.91
Psychological Problems	54.3	55.2	0.98	53.4	1.02	56.9	0.95	54.0	1.01
Nursing Care Required (Mean)	8.5	6.6	1.28	6.8	1.24	6.8	1.25	7.2	1.18